fatigue is a prevailing ailment that taints relief efforts.

However, the Day of the African Child is also a day to recognize and acknowledge the gains that African countries have had in helping the plight of their children. The situation is, indeed, grave, but contrary to popular misconception, African nations have taken considerable steps in improving the lives of their children. We must wholeheartly direct more resources toward education initiatives and community rebuilding. We do have the capability, resources, and the conditions that are favorable to succeed in creating a better life for our children. We can fight disease, illiteracy, and malnutrition with simple, low-cost solutions. It is estimated that a child in Africa can be educated for about $20 a day. With the goal of universal primary school access, the U.N. Children's Fund [UNICEF] has set the years between 1995 and 2000 as the target period to increase primary school enrollment and retention rate. This achievable goal of basic education is also geared to correct the tremendous disparity in the enrollment of female children.

In addition, the United Nations has successfully carried out Days of Tranquility during which children are immunized against the six major childhood killers. Warring parties have also been convinced to let convoys carrying desperately needed food and medicine to the innocent women and children trapped in war-torn areas.

For some the Day of the African Child will be a day to rejoice and enumerate the notable progress that has been achieved to ease the suffering of our planet's most precious citizens. For others, however, it will be a day to reflect, and to remind us, of the existing adversity and suffering that challenges all of us to preserve in our efforts.

I urge all my colleagues to recognize this important day which not only acknowledges the struggles of the African youth, but of children everywhere, as they will someday inherit the mantle of freedom and liberty that we hold so dear.

INTRODUCTION OF A BILL REGARDING D.C. CHILD CUSTODY CASE

HON. THOMAS M. DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 15, 1995

Mr. DAVIS. Mr. Speaker, I rise today to introduce legislation which would allow Hilary Morgan, now know as Ellen Morgan and her mother Dr. Elizabeth Morgan to return safely to the United States.

In August of 1987, Dr. Morgan was jailed for civil contempt after she hid Hilary and refused to give up for a 2 week court-ordered unsupervised visitation with her father. Hilary's case, as many throughout the world are aware, involves alleged child abuse by the father. It portrays perhaps the most painful aspect of our own judicial system; a child's welfare and child custody proceedings.

Dr. Morgan spent over 2-years in the District of Columbia jail, until my colleague from Virginia, the Honorable FRANK WOLF offered legislation limiting to 12 months the time an individual could be incarcerated for civil contempt in child custody cases in the District of Columbia. The bill, approved by this body, in essence freed Dr. Morgan from the D.C. jail. Upon her release she left the country and joined her daughter who was living with relatives in New Zealand. Elizabeth and Ellen remain in New Zealand, to this day.

Pending court orders pertaining to both the mother and the child place unacceptable obstacles in the path of their safe return. This bill seeks to remove those obstacles.

Ellen has indicated personally to me that she would like to return safely to the United States, which is her home.

Ellen will be 13 years old in August and has lived over half her life in New Zealand, away from her family and her home. Dr. Morgan a renowned plastic surgeon, due to local restrictions, has been unable to practice medicine. The Morgan family has suffered greatly, and Ellen wants to come home. We should not force this child, who has suffered so much in her young life to remain in exile if the situation can be remedied.

We should not and can not allow the judicial systems antiquated order to continue to punish this child or to force her to grow up away from her family or her country. The legislation I introduce today will remedy the situation and allow Ellen to come back to the United States and pursue her dreams.

Unfortunately, judicial proceedings and media coverage tended to focus on disputes between two well-known parents. The court order, now over 7 years old, does not address the current circumstances or the welfare of a young teenage child.

Under the provisions of this bill, the current orders relating to the penalties to the mother and visitation by the father, would no longer be operable. However, no bar would be placed on any court from revisiting this issue at any time and weighing the markedly changed circumstances since the original court decree.

Intervention in this issue is not unprecedented, but in my judgment merited for the child's own welfare and desire to return to her native country.

FDA'S CAUTION IS KILLING PEOPLE

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 15, 1995

Mr. DUNCAN. Mr. Speaker, I would like to share with my colleagues an editorial from the June 4, 1995, Los Angeles Times written by James P. Driscoll.

Mr. Driscoll, an AIDS activist, is currently vice president of Direct Action for Treatment in San Francisco. He has been working with my constituent, Alzheimer's activist George Rehnquist, to pressure the Food and Drug Administration [FDA] to approve tacrine, the first drug for treating Alzheimer's disease.

One of the most wasteful, bureaucratic agencies in the Federal Government today is the FDA. They have delayed approval for medicines for sometimes up to years to the detriment of the health of American citizens.

Mr. Driscoll's perspective on drug research, ''FDA's Caution is Killing People,'' brings awareness to the needless deaths caused by FDA's senseless delay of approval on vital medicines. I agree that Congress should no longer tolerate this practice.

[From the Los Angeles Times, June 4, 1995]

FDA'S ''CAUTION'' IS KILLING PEOPLE

(By James P. Driscoll)

During the 1950s, drug approval in the United States was a relatively quick and simple process. Then came thalidomide. European regulators had approved this tranquilizer without realizing that it could affect a fetus, and several hundred birth defects resulted worldwide. Capitalizing on the tragedy, liberals in Congress expanded the Food and Drug Administration's powers and altered its priorities.

After amendments in 1962, a peculiar system of drug approval emerged. With each passing year, that system grew more dilatory, more unbalanced and more costly to patients.

FDA's top priority became—and remains—prevention of new thalidomides.

Much of our gross national product is spent on prevention: national defense, vaccination, policing, flood control, sanitation, auto safety, cholesterol tests, anti-terrorist measures and burglar alarms.

Our prevention needs are boundless, but resources are limited and must be allocated wisely. Too much allocated to a minor prevention need will leave major needs neglected. Ideally, the greatest good for the greatest number should determine priorities. In reality, narrow self-interest often prevails. Thus, defense contractors build new weapons the country doesn't need. Farmers get subsidies to grow surplus crops. And FDA churns out burdensome regulations that delay drug approval and actually harm patients.

To better understand FDA's narrow priority, we need to see it in light of the kinds of problems that beset drug regulators. The least common problems are the thalidomides, drugs approved before their safety hazards are known. Even with the pre-1962 FDA, this kind of problem never was a threat comparable to food poisoning or plane crashes. But since Congress blamed FDA for mistaken approvals, the agency made preventing new thalidomides its top priority. Through scare tactics and deception, FDA sold the public on this priority.

Congress and the public are beginning to realize that they have been unwitting parties to a deal made in hell. To prevent a minor threat to public health, FDA created a major health tragedy: needless deaths and suffering caused by delaying useful medicines.

Rational priorities would seek a balance that minimizes the total deaths caused by both mistaken approvals and delays. Rationality and balance are hard. Delay is easy and deals made in hell are tempting.

A recent FDA delay resulted in 3,500 deaths—those kidney cancer patients who, by the FDA's own figures, would have been saved if the drug Interleukin 2 had been approved here as quickly as it was in Europe. These kidney cancer deaths exceed the number of babies deformed by thalidomide. And Interleukin 2 is only the tip of the iceberg. Delays in approving heart drugs, cancer drugs, AIDS drugs and life-saving devices have contributed to tens of thousands of deaths.

Congress has tolerated FDA delay because its dangers are difficult to prove. Individual patients usually don't know about the unapproved drug or device that could save their lives. Patients who suffer the worst loss from FDA delay cannot protest from their graves. Fearing retaliation, drug companies avoid blaming FDA for delays.

Few people grasp the complexities of drug development. Few politicians bother to